



**GEORGIA MEDICAID FEE-FOR-SERVICE
OPHTHALMICS, ANTIINFLAMMATORY IMMUNOMODULATORS PA SUMMARY**

Preferred	Non-Preferred
Restasis (cyclosporine emulsion 0.05% PF) Xiidra (lifitegrast)	Cequa (cyclosporine solution 0.09% PF) Restasis Multidose (cyclosporine emulsion 0.05%)

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Cequa

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe dry eye disease (keratoconjunctivitis sicca) who have tried an over-the-counter ophthalmic lubricating product and Restasis for at least 12 weeks and failed to achieve an adequate response as well as who have tried Xiidra for at least 12 weeks and failed to achieve an adequate response or have an allergy, contraindication, drug-drug interaction or intolerable side effect with Xiidra.

Restasis Multidose

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Restasis (single-dose formulation), is not appropriate for the member.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.